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JAN 31 2006

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TO: United States Patent and Trademark
Office

COMPANY: FAX NUMBER: 571-273-8300

DATE: January 31, 2006 TIME: 4:08 PM

FROM: Michele R. Susko DIRECT DIAL: 412-566-2066

TOTAL PAGES (including cover): 4

MESSAGE:

Attachments - Revocation of Power of Attorney/New Power of Attorney

Docket No. 291010-00475

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PTO/SB/21 (09-04)


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10755,812
	Filing Date	January 31, 2006
	First Named Inventor	Hao Xue et al.
	Art Unit	2643
	Examiner Name	Melur Ramakrishnaiah
Total Number of Pages in This Submission	Attorney Docket Number	555255012684

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Eckert Seamans Cherin & Mellott, LLC		
Signature			
Printed name	Robert A. Diaz		
Date	January 31, 2006	Reg. No.	55,109

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Michele R. Susko	Date	January 31, 2006

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JAN 31 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:) Examiner: Ramakrishnaiah,
Melur
Hao Xue et al.) Docket No.: 291010-00475
Application No. 10/755,812)
Group Art Unit: 2643)
Confirmation No.: 3131)
Filed: January 12, 2004)
For: Method and System for Supporting)
Network 3G Data Capability Information)
in a CDMA Network)

Revocation of Power of Attorney with New Power of Attorney

January 31, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Attached to this paper is a "Revocation of Power of Attorney with New Power of Attorney" form (PTO/SB/82) signed by Larry Conlee, the Chief Operating Officer of the Assignee of Record, on January 25, 2006.

If there are any issues with the submitted form, please contact me at the telephone number listed below.

Sincerely,



Robert A. Diaz
Attorney for the Applicants
Telephone: 412-566-1920
Fax: 412-566-6099

JAN 31 2006

PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/755,812
Filing Date	January 12, 2004
First Named Inventor	Hao Xue et al.
Art Unit	2643
Examiner Name	M. Ramakrishnaiah
Attorney Docket Number	291010-00475

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

03705

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

03705

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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